



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Friends	to Elect Allan Angel		
Account Number:	et e	_	Date of	this Report: 01/18/08
REPORTING PERIOD:	FROM:	01/01/07	_ TO:	12/31/07
Check the box that applies t	to this report:			
Primary Election	□ 8-DAY	□ 30-DAY		Office:
General Election	□ 8-DAY	□ 30-DAY		Kent County Levy Court, 3rd District
Other Election	□ 8-DAY	□ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Final Or	ganization Closing		Closing Date:
regulations regarding Camp	oaign Finance	and the election proces	s in the St	is accurate and correct. I agree to abide by all rules and tate of Delaware. I understand that representatives from information provided on this report.
Hoove	LEP.	A		01/18/08
TREASURER SIGNATURE	41			DATE
Allen	46	sel		01/18/08
CANDIDATE SIGNATURE				DATE



STATEMENT OF ACCOUNT BALANCE

A(CCOUNT #:	REPORTING PERIOD:	01/01/07	12/31/07
			FROM	то
1.	BEGINNING BALANCE (Ending Balance from last	reporting period)		\$376.76
2.	RECEIPTS:			
	A. SCHEDULE	A – TOTAL RECEIPTS		\$0.00
	B. SCHEDULE	C-1 – TOTAL IN-KIND CONTRIBUTIONS		\$0.00
	C. SCHEDULE	D-1 – TOTAL LOANS RECEIVED		\$0.00
	D. SCHEDULE	E – TOTAL EXPENSE REIMBURSEMENTS RECE	IVED	\$0.00
	E. SUBTOTAL (Total	of A, B, C, D)		\$0.00
3.	EXPENDITURES:			
	F. SCHEDULE	B – TOTAL EXPENDITURES		\$65.00
	G. SCHEDULE	C-2 – TOTAL IN-KIND EXPENDITURES		\$0.00
	H. SCHEDULE	D-2 – TOTAL LOAN PAYMENTS		\$0.00
	I. SCHEDULE	E – TOTAL EXPENSE REIMBURSEMENTS PAID		\$0.00
	J. SUBTOTAL (Tota	l of F, G, H, I)		\$65.00
4.	ENDING BALANCE (Beginning Balance plus 2	E, minus 3J)		\$311.76
5.	VALUE OF NON-CASH A	ASSETS (From Schedule F)		
6.	VALUE OF DISPOSED/T	RANSFERRED ASSETS (From Schedule G)		
7.	VALUE OF LOANS AT E	ND OF PERIOD (Loan Balance from Schedule D-2)		
8.	CLOSE OUT BALANCE (Must equal zero if Committee closed)		\$311.76
	Campaign Finance Section	Page 1 of 1		Financial Reports (08/04)



SCHEDULE A - TOTAL RECEIPTS

ACCT #:	002156	REPORTING PERIOD:	01/01/07	12/31/07	
			FROM	TO	

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date	Contributor	Contributor	Aggregate	Amount
Received	Name	Mailing Address	Amount	Received
			CLES VALVINADIVANIA	Parkette
			THE STREET	all and the last
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			THE RESERVE AND ADDRESS.	
			STATE OF THE PARTY OF THE PARTY.	Charles and
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100	CONTRACTOR OF THE PERSON OF TH	THE REPORT OF THE PARTY AND THE		
OTAL RECEI	PTS IN EXCESS OF \$100			\$(
OTAL RECEI	PTS NOT IN EXCESS OF \$100			

GRAND TOTAL RECEIPTS

\$0.00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	REPORTING PERIOD:	01/01/07	12/31/07	
		FROM	TO	

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date	Payee	Payee	Aggregate	Amount
Expended	Name	Mailing Address	Amount	Expended
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	THE RESIDENCE OF THE PARTY OF T		12 - 12 THE 25 TAKES	
				D- 7-1
	CONTRACT AND SECOND			
200				
OTAL EXPEND	ITURES IN EXCESS OF \$100			\$0.
OTAL EATEND	TORES IN EXCESS OF \$100			30.
OTAL EXPEND	ITURES NOT IN EXCESS OF	\$100		\$65.
O AND BAT END	TORES NOT IN EACESS OF	3100		\$03.
	EXPENDITURES			\$65.
HIS TOTAL SHOUL	D ALSO APPEAR ON PAGE 2, STA	TEMENT OF ACCOUNT BALANCE, ITEM 3F)		



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #:	F	REPORTING PERIOD:	01/01/07	12/31/07
			FROM	то
NOTE: If you rece each item must be IN-KIND CONT	eive in-kind contributions from the listed if the aggregate amount is o RIBUTIONS IN EXCESS OF \$1	ge or less than fair market value in excess of \$100 same person or organization several times during ver \$100, even if the individual amounts are not. 00: CET VALUE LESS ANY PAYMENTS YOU MADE FOR	the reporting period,	
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
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			entities and the	
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37/14/14				
TOTAL IN PER	COMMUNICATIONS IN THE COMMUNICATION OF THE COMMUNIC	10.070.440		
	D CONTRIBUTIONS IN EXCES			\$0.00
TOTAL IN-KINI	D CONTRIBUTIONS NOT IN E	XCESS OF \$100		ENGLISHED THE STREET

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)

\$0.00



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:		REPORTING PERIOD:	01/01/07	12/31/07
			FROM	то
NOTE: If you pa each item must b IN-KIND EXPI	ay in-kind expenditures to the same possible listed if the aggregate amount is compared to the same possible in th	or less than fair market value in excess of person or organization several times during over \$100, even if the individual amounts a 0: KET VALUE LESS ANY PAYMENTS YOU RE	g the reporting period, are not.	ICES)
Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expended
N/A	A			
				DIE DUDING VOLUM
			to the last the same of the sa	E Dimerlos
			Series Services Services	
				ATT STORY
			经存储量 经金属金额 医原性性神经	
				SE NEWS RE
			Carry Control No. 4 Sept a Control	
				ER LE RINDEAL
TOTAL IN-KI	ND EXPENDITURES IN EXCES	S OF \$100		60.00
O ATAM AIT-MI	LA ENDITORES IN EACES	5 O1 5100		\$0.00
TOTAL IN-KI	ND EXPENDITURES NOT IN EX	CCESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES (THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

CCT #:		REPORTING PERIOD:	01/01/07		12/31/07
			FROM		то
loans in excess of \$	50 RECEIVED DURING THIS REPORTING PE	RIOD should be itemized on this schedule. NOTE: These loans must also b	e listed on Schedule D-2.		
AND DECEIVED	IN EXCESS OF \$50:				
Date	Lender Name	Endorser Name	Description	Int	Amount
eceived	and Mailing Address	and Mailing Address	of Security	Rate	Received
N. B. S. S.				N. P. C.	Figure 1
	PROPERTY OF STREET	Exercise the second second			
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	United the second secon				
15 9 20 11					
0.100		ALCOHOL THE SECRET SERVICE SER			Marin Inc.
The Barrier					7100
THE PARTY				16 4 5113	
5 1 1 TO					
			See Little 2 World Wall College		III RE

(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



ACCT #:	-	REPORTING PERIOD:	01/01/07	12/31/07	
			FROM	TO	

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
				0.00%		\$0.00	\$0.00
							\$0.00
							\$0.00
		Comments of the Comments of th					\$0.0
							\$0.0
							\$0.0
Table 1							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.00
							\$0.00
							\$0.00
OTAL LOAN		N PAGE 2, STATEMENT OF ACCOUNT BALANCE,			\$0.00	\$0.00	\$0.00



SCHEDULE E - EXPENSE REIMBURSEMENTS

			REPORTIN	NG PERIOD:	01/01/07
					FROM
	s received by you and paid by you must be itemized ECEIVED (Monies paid to you as reimbursement				
Date	Reimburser Name	Description	Activity	Total	Reimbursement
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
N/A					
	ENTS RECEIVED ED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATE	MENT OF ACCOUNT BALANCE, ITEM 2D)		\$0.00	\$0.00
EIMBURSEMENTS RECEIV EIMBURSEMENTS PA	ED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATE LD (Monies paid by you to reimburse others for	expenses they incurred.)			
IMBURSEMENTS RECEIV	ED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATE		Activity Date	\$0.00 Total Expense Amount	\$0.00 Reimbursement Paid
EIMBURSEMENTS PA Date	LD (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description	15	Total	Reimbursement
EIMBURSEMENTS PA Date	LD (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description	15	Total	Reimbursement
EIMBURSEMENTS PA Date	LD (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description	15	Total	Reimbursement
EIMBURSEMENTS PA	LD (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description	15	Total	Reimbursement



REPORTING	PERIOD:

ACCT #:			01/07 12/31/07
			ROM TO
Itemize all non-cash asset	s owned by the organization including those pai	d for by the organization, lent to the organization and contribut	ed to the organization.
LIST ALL NON-CASH	ASSETS:		
Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
N/A			
		A CONTRACTOR OF THE STATE OF TH	
SISSESSIMANUM. MARKET USE STREET			
TOTAL ASSET VALUI TOTAL ASSET VALUE SHO	E OULD ALSO APPEAR ON PAGE 2, STATEMENT OI	ACCOUNT BALANCE, ITEM 5)	\$0.00



SCHEDULE G - ELIMINATION OF ASSETS

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KEPU	KILING	LEKI	v_{ν}

ACCT #:	01/01/07	12/31/07
	FROM	то

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

ALL NON-CASH ASSETS

Date liminated	Description of Asset	Disposition of Asset	Value Received
iiminated	of Asset	Oi Asset	Received
N/A			
IN/A			ALL SERVICE AND A SERVICE AND ASSESSMENT OF THE PARTY OF
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La constitution in the latest			
			TOTAL STATE OF THE
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			THE PARTY OF THE
		PROPERTY OF STREET, THE PARTY OF	

TOTAL ASSETS ELIMINATED

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)

\$0.00